2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400050672

ESTHER-MERRICK PROPERTIES, INC.

Mailing Address Principal Place of Business 1108 KANE CONCOURSE 1108 KANE CONCOURSE SUITE 309 **SUITE 309** BAY HARBOR ISLANDS FL 33154-2068 HARBOR ISLANDS FL 33154 2. Principal Place of Business 3. Mailing Address

FILED Jan 18, 2000 8:00 am Secretary of State

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City & State Country Count							SO NOT WRITE IN THE CRACE				
Zep Country Zip Country S, Cert ficate of Status Desired S8.75 Additional Fee Paquired 6. Name and Address of Current Registered Agent Name SUPERSTEIN, ESTHER 1108 KANE CONCOURSE SUITE 309 BAY HARBOR ISLANDS FL 33154 City FL Zip Code City FL			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Superstein, estimate Status Desired			City & State		4. FI	4. FEI Number 65-0470603			· · · · · · · · · · · · · · · · · · ·		
S. Certificate of statistic between Carry large Fee Required SUPERSTEIN, ESTHER 1108 KANE CONCOURSE SUITE 309 BAY HARBOR ISLANDS FL 33154 City FL Zip Code City FL Zip Code						05 0470005			N	ot Applicable	
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SUPERSTEIN, ESTHER 1108 KANE CONCOURSE SUITE 309 BAY HARBOR ISLANDS FL 33154 City FL Zip Code City F	<u>-</u>	6. Name and Address of Current Reg	istered Agent			7. N	ame and Address of New Re	gistered Ag	gent		
1108 KANE CONCOURSE SUITE 309 BAY HARBOR ISLANDS FL 33154 City FL Zip Code City FL					Name						
City FL Zip Code City FL Zip	1108 KANE CONCOURSE SUITE 309			-	Street Address (P.O. Box Number is Not Acceptable)						
IGNATURE Signature, typical or priviled name of registered spert and title if appropriate. (NOTE Registered Apex 8 signature recurred when reinstating) DATE				-	City FL Zip Code					de	
IGNATURE Signature, typical or priviled name of registered spert and title if appropriate. (NOTE Registered Apex 8 signature recurred when reinstating) DATE	R The above na	amed entity submits this statement for th	e purpose of changing its	s registere	d office or regis	tered age	nt, or both, in the State of Flori	da.			
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20 A Section 119 07(3Vi) Florida Statutes I further certify that the information	STREET ADDRESS			STRE	et address						
13. I becapy certify that the information symplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP			CITY-	-ST-ZIP						
	13 I hereby cer	tify that the information supplied with th	is filing does not qualify fo	or the exe	mption stated in	Section 1	119.07(3)(i), Florida Statutes. I	further certi	ify that the	information	

changed, or on an attachment with an address, with all other like empowered.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR